

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	550299.00070
First Named Inventor	Michael H. Ostrowski
COMPLETE IF KNOWN	
Application Number	10/720,718
Filing Date	November 24, 2003
Art Unit	3751
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH FLOW RATE WATER SUPPLY ASSEMBLY

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 11-24-2003 as United States Application Number or PCT International

Application Number 10/720,718 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:			

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 26710 OR <input type="checkbox"/> Correspondence address below			
Name Carl R. Schwartz, Esq.			
Address c/o Quarles & Brady, LLP			
Address 411 East Wisconsin Avenue			
City Milwaukee		State Wisconsin	ZIP 53202
Country U.S.A.		Telephone 414-277-5715	Fax 414-271-3552
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Michael H. <small>(first and middle [if any])</small>		Family Name Ostrowski <small>or Surname</small>	
Inventor's Signature 		Date April 16, 2004	
Residence: City Lake Forest		State IL	Country US
Mailing Address 499 South Ridge Road			
Mailing Address			
City Lake Forest		State IL	ZIP 60045
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Jeffrey L. <small>(first and middle [if any])</small>		Family Name Mueller <small>or Surname</small>	
Inventor's Signature		Date	
Residence: City Plymouth		State WI	Country US
Mailing Address W6679 Red Fox Run			
Mailing Address			
City Plymouth		State WI	ZIP 53073
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
James R.		Lewis					
Inventor's Signature		Date					
Residence: City	Kohler	State	WI	Country	US	Citizenship	US
Mailing Address 226 Forest Road							
Mailing Address							
City	Kohler	State	WI	ZIP	53044	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Stanley P.		Kaymen					
Inventor's Signature		Date					
Residence: City	Sheboygan	State	WI	Country	US	Citizenship	US
Mailing Address 315 Bell Avenue							
Mailing Address							
City	Sheboygan	State	WI	ZIP	53083	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
John H.		Schott					
Inventor's Signature		Date					
Residence: City	Sheboygan	State	WI	Country	US	Citizenship	US
Mailing Address 4225 South 15th Street							
Mailing Address							
City	Sheboygan	State	WI	ZIP	53081	Country	US

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	550299.00070
First Named Inventor	Michael H. Ostrowski
COMPLETE IF KNOWN	
Application Number	10/720,718
Filing Date	November 24, 2003
Art Unit	3751
Examiner Name	

I hereby declare that:

Each Inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIGH FLOW RATE WATER SUPPLY ASSEMBLY

(Title of the Invention)

the specification of which

Is attached hereto

OR

was filed on (MM/DD/YYYY) 11-24-2003 as United States Application Number or PCT International

Application Number 10/720,718 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, Inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

MKE5498109

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number 26710 OR Correspondence address below

Name Carl R. Schwartz, Esq.

Address c/o Quarles & Brady, LLP

Address 411 East Wisconsin Avenue

City Milwaukee	State Wisconsin	ZIP 53202
----------------	-----------------	-----------

Country U.S.A.	Telephone 414-277-5715	Fax 414-271-3552
----------------	------------------------	------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name Michael H. (first and middle [if any])	Family Name Ostrowski or Surname
------------------------------------------------------	-------------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Lake Forest	State IL	Country US	Citizenship US
-----------------------------	----------	------------	----------------

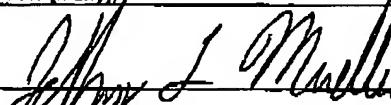
Mailing Address 499 South Ridge Road

Mailing Address

City Lake Forest	State IL	ZIP 60045	Country US
------------------	----------	-----------	------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Jeffrey L. (first and middle [if any])	Family Name Mueller or Surname
------------------------------------------------------	-----------------------------------

Inventor's Signature 	Date 4/20/04
----------------------------------------------------------------------------------------------------------	--------------

Residence: City Plymouth	State WI	Country US	Citizenship US
--------------------------	----------	------------	----------------

Mailing Address W6679 Red Fox Run

Mailing Address

City Plymouth	State WI	ZIP 53073	Country US
---------------	----------	-----------	------------

Additional Inventors are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

[Page 2 of 3]

MKE15498109

Please type a plus sign (+) inside this box →

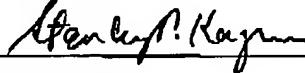
PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

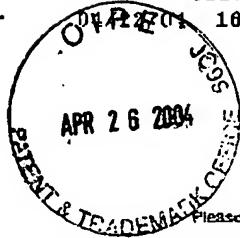
DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James R. 		Lewis	
Inventor's Signature		Date 4/21/04	
Residence: City Kohler	State WI	Country US	Citizenship US
Mailing Address 226 Forest Road			
Mailing Address			
City Kohler	State WI	ZIP 53044	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stanley P. 		Kaymen	
Inventor's Signature		Date 4-22-04	
Residence: City Sheboygan	State WI	Country US	Citizenship US
Mailing Address 315 Bell Avenue			
Mailing Address			
City Sheboygan	State WI	ZIP 53083	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John H. Schott			
Inventor's Signature		Date	
Residence: City Sheboygan	State WI	Country US	Citizenship US
Mailing Address 4225 South 15th Street			
Mailing Address			
City Sheboygan	State WI	ZIP 53081	Country US

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MKE5498109

04/22/04 17:17 THU 17:17
10:48 FAX 920 459 1583 KOHLER LEGAL



Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002 DMB 0851-0132
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
James R.		Lewis	
Inventor's Signature		Date	
Residence: City	Kohler	State	WI
Country	US	Citizenship	US
Mailing Address 226 Forest Road			
Mailing Address			
City	Kohler	State	WI
ZIP	53044	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stanley P.		Kaymen	
Inventor's Signature		Date	
Residence: City	Sheboygan	State	WI
Country	US	Citizenship	US
Mailing Address 315 Bell Avenue			
Mailing Address			
City	Sheboygan	State	WI
ZIP	53083	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John H.		Schott	
Inventor's Signature	Date 4/23/04		
Residence: City	Sheboygan	State	WI
Country	US	Citizenship	US
Mailing Address 4225 South 15th Street			
Mailing Address			
City	Sheboygan	State	WI
ZIP	53081	Country	US

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MKE5498109